

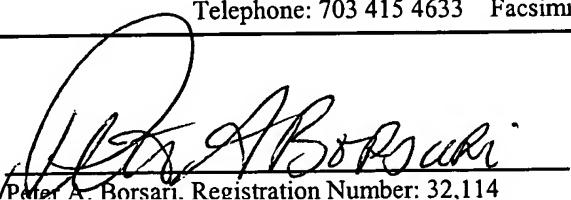
**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Attorney Docket: 404.2872

First Inventor: Clemie Lee

Title: Nanoclimate Clothing and Apparel

10/665072
09/22/03
12388 U.S. PTO

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status (37 CFR 1.27)</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages <u>13</u> Title page 01 page Specification 07 pages Claims (1-20) 04 pages Abstract 01 page</p> <p>4. <input checked="" type="checkbox"/> Drawings (Figures 1-6) Total Sheets <u>4</u></p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration Total Sheets <u>2</u> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) i. <input type="checkbox"/> <u>DELETION OF INVENTORS</u> Signed Statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet</p> <p>7. <input type="checkbox"/> CD-Rom or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identify of above copies</p>		<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & documents)</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (<i>if foreign priority is claimed</i>)</p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attache form PTO/SB/3 or its equivalent</p> <p>17. <input type="checkbox"/> Other _____ _____</p> <p>17a. <input type="checkbox"/> Other _____ _____</p> <p>17b. <input type="checkbox"/> Other _____ _____</p>
<p>18. If a CONTINUING APPLICATION, <i>check appropriate box, and supply requisite information below and in a preliminary amendment:</i></p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional. <input type="checkbox"/> Continuation-in-part (CIP) of prior application serial no. _____</p> <p>Prior application information: Examiner _____ Group Art Unit : _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> <p>19. CORRESPONDENCE ADDRESS <i>Direct all correspondence to:</i> Peter A. Borsari, Esq. Borsari & Associates, P.C. 2001 Jefferson Davis Highway, Suite 206 Arlington, Virginia 22202 Telephone: 703 415 4633 Facsimile: 703 415 4635</p> <p>SIGNATURE:  Peter A. Borsari, Registration Number: 32,114</p> <p>Date: <u>September 22, 2003</u></p>		

16698 U.S.P.T.O.
09/22/03

FEE CALCULATION & TRANSMITTAL SHEET

TOTAL AMOUNT OF PAYMENT: \$ 375.00

Attorney Docket: 404.2872

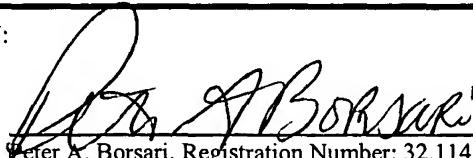
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METHOD OF PAYMENT	FEE CALCULATION (continued)																																												
<input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check # <u>4626</u> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17 and credit any overpayments to: Deposit Account Number: 54-1014 Deposit Account Name: Borsari & Associates	3. ADDITIONAL FEES <table> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Surcharge - late filing fee or oath</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Non-English specification</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> For filing a request for <i>ex parte</i> reexamination</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Requesting publication of SIR prior to Examiner action</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Extension for reply within first month</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Extension for reply within second month</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Extension for reply within third month</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Extension for reply within fourth month</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Notice of Appeal</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Filing a brief in support of an appeal</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Request for oral hearing</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Petition to Revive - unavoidable</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Petition to Revive - unintentional</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Petitions to Commissioner</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Processing fee under 37 CFR 1.17q</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Submission of Information Disclosure Stmt</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Assignment Recordation Fee</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Request for Continued Examination</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">SUBTOTAL (3)</td> <td style="text-align: right;">\$ 00.00</td> <td></td> </tr> </tbody> </table>		Fee Description	Fee Paid	<input type="checkbox"/> Surcharge - late filing fee or oath	_____	<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	_____	<input type="checkbox"/> Non-English specification	_____	<input type="checkbox"/> For filing a request for <i>ex parte</i> reexamination	_____	<input type="checkbox"/> Requesting publication of SIR prior to Examiner action	_____	<input type="checkbox"/> Extension for reply within first month	_____	<input type="checkbox"/> Extension for reply within second month	_____	<input type="checkbox"/> Extension for reply within third month	_____	<input type="checkbox"/> Extension for reply within fourth month	_____	<input type="checkbox"/> Notice of Appeal	_____	<input type="checkbox"/> Filing a brief in support of an appeal	_____	<input type="checkbox"/> Request for oral hearing	_____	<input type="checkbox"/> Petition to Revive - unavoidable	_____	<input type="checkbox"/> Petition to Revive - unintentional	_____	<input type="checkbox"/> Petitions to Commissioner	_____	<input type="checkbox"/> Processing fee under 37 CFR 1.17q	_____	<input type="checkbox"/> Submission of Information Disclosure Stmt	_____	<input type="checkbox"/> Assignment Recordation Fee	_____	<input type="checkbox"/> Request for Continued Examination	_____	SUBTOTAL (3)	\$ 00.00	
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FEE CALCULATION																																													
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<u>Fee Description</u>	<u>Fee Paid</u>																																												
Utility filing fee	\$375.00																																												
Design filing fee																																													
Plant filing fee																																													
Reissue filing fee																																													
Provisional filing fee																																													
SUBTOTAL (1)	\$375.00																																												
2. EXTRA CLAIM FEES																																													
Extra Claims	Fee	Fee Paid																																											
Total Claims <u>20</u> - <u>20</u> = <u>00</u>	x \$ 9.00	= \$ 00.00																																											
Independent <u>02</u> - <u>03</u> = <u>00</u>	x \$40.00	= \$ 00.00																																											
SUBTOTAL (2)	\$ 00.00																																												

SUBMITTED BY:

SIGNATURE:



Peter A. Borsari, Registration Number: 32,114

Date: September 22, 2003